## UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No.	4728P042D	
First Inventor Kuo-	Hsing Cheng, et al.	
Title METHOD FOR ME	N-CUT AND RATIO MIN-CUT PARTITIONING	
Express Mail Lahel No.	N-CUT AND RATIO MIN-CUT PARTITIONING	

(Only for new nonprovisional applications under 37 CFR 1.53(b))

First Inventor	Truo-1151119 ( neng et al	
Title METHOD	FOR MIN-CUT AND DATES	
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2.	App App	licant claims small antib	v statue		Co	F-10, 1, 1001	-R in duplicate, la am ( <i>Appendix</i> )		
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3.	Spec	dification	[Total Page:	s <u>27</u> j	-	-,	or the fullowi	ny are necess	mission ary)
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FEE TRANSMITTAL	Application	Application Number						
for FY 2003	Filing Date							
Effective 01/01/2003. Patent fees are subject to annual revision.	First Name	d Inventor	Kuo-Hs	Kuo-Hsing Cheng				
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		Group/Art Unit 2825 Attorney Docket No. 4728P042D						
TOTAL AMOUNT OF PAYMENT (\$) 417.0	0 Attorney Do	ocket No.	4728FU	120				
METHOD OF PAYMENT (check one)  FEE CALCULATION (continued)								
	3. ADDITION	IAL FEES						
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Deposit Account	Fee Fee Code (\$)	Fee Fee Code (\$)	FeeDo	escription	FeePaid			
Deposit Account 02-2666	1051 130	2051 65	Surcharge - late filing fee	or oath				
Number	1052 50	2052 25	Surcharge - late provision cover sheet.	al filing fee or				
Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP	2053 130	2053 130	Non-English specification					
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to the above-identified deposit account	1251 110 1252 410	2252 205	Extension for reply within					
FEE CALCULATION	1253 930	2253 465	Extension for reply within	third month				
1. BASIC FILING FEE	1254 1,450	2254 725	Extension for reply within					
Large Entity Small Entity  Fee Fee Fee Fee Description FeePaid	1255 1,970	2255 985	Extension for reply within	n fifth month				
Code (\$) Code (\$)	1404 320	2401 160	Notice of Appeal					
1001 750 2001 375 Utility filing fee 375.00	1402 320	2402 160	Filing a brief in support of					
1002 330 2002 165 Design filing fee	1403 280	2403 140	Request for oral hearing					
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2. EXTRA CLAIM FEES Extra Fee from below Fee Paid	1503 630	2503 315						
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1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple Dependent claim, if not paid	1801 750	2801 375	D for Continued					
1204 84 2204 42 **Reissue independent claims over original patent	1802 900	1802 90	n Request for expedited	examination				
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Complete (if applicable)								
Name (Print/Type) Eric S. Hyman	Registra (Attorney/	ation No. Agent)	30,139	Telephone	(310) 207-380			
6 16			·	Date	7/1/03			
Signature								

Based on PTO/SB/17 (01-03) as modified by Blakely, Solokoff, Taylor & Zafman (w) 705/02/2003.
SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 159, Alexandria, VA 22313-1450.